

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Friends of James Graf

ADDRESS (number and street)

1450 Second St Ste 247

Check if different
than previously
reported. (ACC)

Santa Monica

CA

90401

2. FEC IDENTIFICATION NUMBER ▼

C

C00558197

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

33

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Newberg

Signature of Treasurer

David Newberg

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of James Graf

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3390.00	3390.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3390.00	3390.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	121626.97	121626.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	121626.97	121626.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	881763.03	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1000000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of James Graf

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

1600.00

1600.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

1600.00

1600.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

1790.00

1790.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3390.00

3390.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

1000000.00

1000000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

1000000.00

1000000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

1003390.00

1003390.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 34

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	121626.97	121626.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	121626.97	121626.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1003390.00
25. SUBTOTAL (add Line 23 and Line 24).....	1003390.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	121626.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	881763.03

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

Timothy Krech

Mailing Address PO Box 1511

City

Sandpoint

State

ID

Zip Code

83864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2014

Transaction ID : IDTA1

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

Actblue PAC

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2014

Transaction ID : INCA25IDTA1

Amount of Each Receipt this Period

1600.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

1600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 34

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of James Graf

A. Full Name (Last, First, Middle Initial) James Graf		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		06		2014
M M	/	D D	/	Y Y Y Y								
03		06		2014								
Mailing Address 1425A Pallisades Beach Road		Transaction ID : INCA121 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00									
50.00												
City State Zip Code Santa Monica CA 90401												
FEC ID number of contributing federal political committee. <div>C</div>												
Name of Employer Occupation Silver Eagle Acquisition Corp CFO												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1001790.00</td> </tr> </table>	1001790.00										
1001790.00												

B. Full Name (Last, First, Middle Initial) James Graf		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>12</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		12		2014
M M	/	D D	/	Y Y Y Y								
03		12		2014								
Mailing Address 1425A Pallisades Beach Road		Transaction ID : NONA117 Amount of Each Receipt this Period <table border="1"> <tr> <td>1740.00</td> </tr> </table>	1740.00									
1740.00												
City State Zip Code Santa Monica CA 90401												
FEC ID number of contributing federal political committee. <div>C</div>												
Name of Employer Occupation Silver Eagle Acquisition Corp CFO												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1001790.00</td> </tr> </table>	1001790.00	Filing Fee									
1001790.00												

C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
Mailing Address												
City State Zip Code												
FEC ID number of contributing federal political committee. <div>C</div>												
Name of Employer Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>		Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>									

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td>1790.00</td> </tr> </table>	1790.00
1790.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td>1790.00</td> </tr> </table>	1790.00
1790.00		

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 34

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

James Graf PERSONAL FUNDS

Mailing Address 1425A Pallisades Beach Road

City	State	Zip Code
Santa Monica	CA	90401

FEC ID number of contributing federal political committee.

C

Name of Employer
Silver Eagle Acquisition Corp

Occupation
CFO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1001790.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2014

Transaction ID : PAYA120

Amount of Each Receipt this Period

1000000.00

Full Name (Last, First, Middle Initial)

B.
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000000.00

1000000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. Los Angeles County Registrar-Recorder/County Clerk

Mailing Address 12400 Imperial Hgwy

City	State	Zip Code
Norwalk	CA	90650

Purpose of Disbursement
Voter File

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 08 / 2014

Amount of Each Disbursement this Period

132.00

Transaction ID : EXPB24

B. James Graf

Mailing Address 1425A Pallisades Beach Road

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Filing Fee

Candidate Name

Office Sought:
☒ House
☐ Senate
☐ President
Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: CA District: 33

Date of Disbursement

M M / D D / Y Y Y Y
03 / 12 / 2014

Amount of Each Disbursement this Period

1740.00

Transaction ID : NONB117

c. Los Angeles County Registrar-Recorder/County Clerk

Mailing Address 12400 Imperial Hgwy

City	State	Zip Code
Norwalk	CA	90650

Purpose of Disbursement
Filing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 12 / 2014

Amount of Each Disbursement this Period

8600.00

Transaction ID : EXPB7

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10472.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. Los Angeles County Registrar-Recorder/County Clerk

Mailing Address 12400 Imperial Hgwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2014

City	State	Zip Code
Norwalk	CA	90650

Amount of Each Disbursement this Period

120.00

Purpose of Disbursement
MapsCategory/
Type

Transaction ID : EXPB8

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. Ben EisenbergMailing Address 7315 E Petrol St
#9

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
Paramount	CA	90723

Amount of Each Disbursement this Period

12000.00

Purpose of Disbursement
General Consulting ServicesCategory/
Type

Transaction ID : EXPB10

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. Monroe Press, Inc.

Mailing Address 4674 Canton St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
Philadelphia	PA	19127

Amount of Each Disbursement this Period

11700.00

Purpose of Disbursement
TelecommunicationsCategory/
Type

Transaction ID : EXPB14

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

23820.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB17

B. Wal-Mart

Mailing Address 14501 Lakewood Blvd

City	State	Zip Code
Paramount	CA	90723

Purpose of Disbursement
Cell Phones

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

Amount of Each Disbursement this Period

230.54

Transaction ID : EXPB20

c. Wal-Mart

Mailing Address 14501 Lakewood Blvd

City	State	Zip Code
Paramount	CA	90723

Purpose of Disbursement
Cell Phones

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

Amount of Each Disbursement this Period

230.54

Transaction ID : EXPB19

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

475.08

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. Wal-Mart

Mailing Address 14501 Lakewood Blvd

Date of Disbursement

M M	D D	Y Y Y Y
03	18	2014

City	State	Zip Code
Paramount	CA	90723

Amount of Each Disbursement this Period

230.54

Purpose of Disbursement
Cell PhonesCategory/
Type

Transaction ID : EXPB18

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. City of Santa Monica

Mailing Address 1685 Main St

Date of Disbursement

M M	D D	Y Y Y Y
03	19	2014

City	State	Zip Code
Santa Monica	CA	90401

Amount of Each Disbursement this Period

10.00

Purpose of Disbursement
ParkingCategory/
Type

Transaction ID : EXPB23

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Nationbuilder

Mailing Address 448 S Hill St

Date of Disbursement

M M	D D	Y Y Y Y
03	19	2014

City	State	Zip Code
Los Angeles	CA	90013

Amount of Each Disbursement this Period

249.00

Purpose of Disbursement
SoftwareCategory/
Type

Transaction ID : EXPB21

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

489.54

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. State Compensation Insurance Fund

Mailing Address PO Box 92503

City	State	Zip Code
Los Angeles	CA	90009

Purpose of Disbursement
Insurance

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

1134.00

Transaction ID : EXPB108

B. Value Inn Worldwide

Mailing Address 4751 W Century Blvd

City	State	Zip Code
Inglewood	CA	90304

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

2371.20

Transaction ID : EXPB22

c. CoWorks Space

Mailing Address 1450 2nd St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

2856.77

Transaction ID : EXPB84

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6361.97

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. Rent-A-Wreck

Mailing Address 12333 W Pico Blvd

City	State	Zip Code
Los Angeles	CA	90064

Purpose of Disbursement
Rental Car

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

866.55

Transaction ID : EXPB106

B. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

Amount of Each Disbursement this Period

5.50

Transaction ID : EXPB65

c. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB64

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

886.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB37

B. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB36

C. Michelle KrausMailing Address 488 University Ave
Ste 623

City	State	Zip Code
Palo Alto	CA	94302

Purpose of Disbursement
General Consulting Services

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

Amount of Each Disbursement this Period

20896.00

Transaction ID : EXPB104

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20924.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. Los Angeles County Registrar-Recorder/County Clerk

Mailing Address 12400 Imperial Hwy

Date of Disbursement

M M	D D	Y Y Y Y
03	21	2014

City	State	Zip Code
Norwalk	CA	90650

Amount of Each Disbursement this Period

78.00

Purpose of Disbursement
MapsCategory/
Type

Transaction ID : EXPB105

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address PO Box 36647-1CR

Date of Disbursement

M M	D D	Y Y Y Y
03	21	2014

City	State	Zip Code
Dallas	TX	75235

Amount of Each Disbursement this Period

248.00

Purpose of Disbursement
TravelCategory/
Type

Transaction ID : EXPB101

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. StraightTalk Wireless

Mailing Address 9700 NW 112th Ave

Date of Disbursement

M M	D D	Y Y Y Y
03	21	2014

City	State	Zip Code
Miami	FL	33178

Amount of Each Disbursement this Period

459.86

Purpose of Disbursement
TelecommunicationsCategory/
Type

Transaction ID : EXPB102

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

785.86

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address 2444 Wilshire Blvd

City	State	Zip Code
Santa Monica	CA	90403

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

Amount of Each Disbursement this Period

3078.84

Transaction ID : EXPB103

B. Wells Fargo Bank

Mailing Address 2444 Wilshire Blvd

City	State	Zip Code
Santa Monica	CA	90403

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

Amount of Each Disbursement this Period

30.00

Transaction ID : EXPB97

C. Wells Fargo Bank

Mailing Address 2444 Wilshire Blvd

City	State	Zip Code
Santa Monica	CA	90403

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

Amount of Each Disbursement this Period

3626.16

Transaction ID : EXPB113

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6735.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. City of Santa Monica

Mailing Address 1685 Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB62

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. City of Santa Monica

Mailing Address 1685 Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB63

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. City of Santa Monica

Mailing Address 1685 Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Amount of Each Disbursement this Period

7.00

Transaction ID : EXPB58

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

35.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. Josh Ortega

Mailing Address 605 E Chester St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

City	State	Zip Code
Lafayette	CO	80026

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Research Consulting ServicesCategory/
Type

Transaction ID : EXPB93

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. Sapene StudiosMailing Address 733 N Kings Rd
Apt 341

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

City	State	Zip Code
West Hollywood	CA	90069

Amount of Each Disbursement this Period

3833.17

Purpose of Disbursement
Internet Consulting ServicesCategory/
Type

Transaction ID : EXPB92

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. Steinfeld Consulting

Mailing Address 1310 Pine St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

City	State	Zip Code
Santa Monica	CA	90405

Amount of Each Disbursement this Period

24000.00

Purpose of Disbursement
Communications Consulting ServicesCategory/
Type

Transaction ID : EXPB98

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

28333.17

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. Asher Underwood

Mailing Address 5411 Village Green

City	State	Zip Code
Los Angeles	CA	90016

Purpose of Disbursement
Internet Strategy Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

1300.00

Transaction ID : EXPB28

B. Virgin America Airlines

Mailing Address 555 Airport Blvd

City	State	Zip Code
Burlingame	CA	94010

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

229.00

Transaction ID : EXPB73

C. Wells Fargo Bank

Mailing Address 2444 Wilshire Blvd

City	State	Zip Code
Santa Monica	CA	90403

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

30.00

Transaction ID : EXPB96

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1559.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address 2444 Wilshire Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

City	State	Zip Code
Santa Monica	CA	90403

Amount of Each Disbursement this Period

16599.00

Purpose of Disbursement
Bank FeeCategory/
Type

Transaction ID : EXPB95

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. City of Santa Monica

Mailing Address 1685 Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2014

City	State	Zip Code
Santa Monica	CA	90401

Amount of Each Disbursement this Period

14.00

Purpose of Disbursement
ParkingCategory/
Type

Transaction ID : EXPB57

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Fairbank, Maslin, Maullin & Associates, Inc.Mailing Address 1999 Harrison St
Ste 1290

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2014

City	State	Zip Code
Oakland	CA	94612

Amount of Each Disbursement this Period

16555.00

Purpose of Disbursement
PollingCategory/
Type

Transaction ID : EXPB91

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16599.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. Hyatt Regency Los Angeles

Mailing Address 2025 Avenue of the Stars

City	State	Zip Code
Santa Monica	CA	90067

Purpose of Disbursement
Meals

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2014

Amount of Each Disbursement this Period

4.96

Transaction ID : EXPB80

B. Hyatt Regency Los Angeles

Mailing Address 2025 Avenue of the Stars

City	State	Zip Code
Santa Monica	CA	90067

Purpose of Disbursement
Meals

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2014

Amount of Each Disbursement this Period

10.48

Transaction ID : EXPB81

c. Hyatt Regency Los Angeles

Mailing Address 2025 Avenue of the Stars

City	State	Zip Code
Santa Monica	CA	90067

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2014

Amount of Each Disbursement this Period

1073.12

Transaction ID : EXPB83

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1088.56

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. Virgin America Airlines

Mailing Address 555 Airport Blvd

City	State	Zip Code
Burlingame	CA	94010

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2014

Amount of Each Disbursement this Period

229.00

Transaction ID : EXPB72

B. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB56

c. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB55

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

257.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. CoWorks Space

Mailing Address 1450 2nd St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

Amount of Each Disbursement this Period

26.45

Transaction ID : EXPB87

B. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB54

c. CoWorks Space

Mailing Address 1450 2nd St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

19.70

Transaction ID : EXPB88

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

60.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB52

B. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB53

C. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2014

Amount of Each Disbursement this Period

2.50

Transaction ID : EXPB51

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

30.50

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. City of Santa Monica

Mailing Address 1685 Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2014

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB50

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Buddha's Belly Restaurant

Mailing Address 205 Broadway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Meals

Amount of Each Disbursement this Period

52.90

Transaction ID : EXPB33

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Buddha's Belly Restaurant

Mailing Address 205 Broadway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Catering

Amount of Each Disbursement this Period

127.31

Transaction ID : EXPB34

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

194.21

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB41

B. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB42

c. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

1.00

Transaction ID : EXPB44

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

29.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of James Graf

Full Name (Last, First, Middle Initial)

A. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB46

B. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB48

C. City of Santa Monica

Mailing Address 1685 Main St

City	State	Zip Code
Santa Monica	CA	90401

Purpose of Disbursement
Parking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : EXPB49

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

42.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 34 OF 34

FOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC120

Friends of James Graf

LOAN SOURCE Full Name (Last, First, Middle Initial)

James Graf PERSONAL FUNDS

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1425A Pallisades Beach Road

City

State

ZIP Code

Santa Monica

CA

90401

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 06 / 2014

Date Due

M M / D D / Y Y Y Y
06/04/2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000000.00

TOTALS This Period (last page in this line only)..... ►

1000000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.